

**Backcountry Horsemen of
California**
**MEMBERSHIP
APPLICATION**



MAIL TO: BCHC Membership
10004 Old Hwy 99
Grenada CA 96038

New Renewal or
 Change

(indicate changes)

PARENT Unit Affiliation: (Select and CHECK a Unit as your Affiliation)

- | | | | | |
|--|--------------------------------------|--|---|--|
| <input type="checkbox"/> Antelope Valley | <input type="checkbox"/> Kern Sierra | <input type="checkbox"/> North Bay | <input type="checkbox"/> San Geronio Pass | <input type="checkbox"/> Sierra Freepackers |
| <input type="checkbox"/> Eastern Sierra | <input type="checkbox"/> Lake-Mendo | <input type="checkbox"/> Ohlone Rider | <input type="checkbox"/> San Joaquin Sierra | <input type="checkbox"/> Sutter Buttes |
| <input type="checkbox"/> High Country | <input type="checkbox"/> Los Padres | <input type="checkbox"/> Redshank Riders | <input type="checkbox"/> Santa Ana River | <input checked="" type="checkbox"/> Top of the State |
| <input type="checkbox"/> High Sierra | <input type="checkbox"/> Mid Valley | <input type="checkbox"/> Redwood | <input type="checkbox"/> Sequoia | |
| <input type="checkbox"/> Kern River Valley | <input type="checkbox"/> Mother Lode | <input type="checkbox"/> San Diego | <input type="checkbox"/> Shasta Trinity | |

DCTR (your Membership Number): _____ (For new memberships, will be assigned by Membership Chair)

MEMBER'S NAME—No Business Names; Print Clearly

SPOUSE / Co-MEMBER'S NAME—MUST SHARE SAME ADDRESS

Street Address / PO Box

City

State

Zip Code (full 9 digits, if known)

Area Code Phone

Email Address: _____ (please print legibly)

Donation to BCHC Education Fund (tax deductible) \$ _____

Total Enclosed: \$ _____ Check No. _____

Parent Unit Membership Types: (CIRCLE ONE)

Individual \$50 - Family \$60 - 2 year Individual \$90 - 2 Year Family \$110 - 3 Year Individual \$125 - 3 year Family \$150

Young Adult (18-25 years old) \$15 - Benefactor \$100 - Patron \$250 - Mt Whitney \$500

Associate Memberships: AN ADDITIONAL \$15.00 PER UNIT IS ADDED TO YOUR PARENT UNIT DUES.

ASSOCIATE MEMBERSHIP UNIT AFFILIATIONS **MAY NOT** BE FOR THE SAME UNIT AS YOUR PARENT UNIT.

Associate Membership for: _____ \$15.00/unit
Unit Name (from above list)

Associate Membership for: _____ \$15.00/unit
Unit Name (from above list)

Please write additional choices on back.

Please clip form along dashed lines and keep the below portion for your records

Parent BCHC Membership Types

Individual, Family (Shared*), Benefactor, Patron, and Mt Whitney.

A Parent Membership is affiliated with a single Local Unit. BCHC members may NOT hold more than one active Parent Membership.

* A SHARED Membership is for two adults with differing last names who share a common address.

Associate Memberships

These special Memberships are only available to persons already holding Parent BCHC Membership. No one may sign up for an Associate Membership without 1) having registered one of the Parent Membership types, and 2) having selected Parent Unit affiliation.

You may sign up for as many Associate Memberships as you like.

Associate Memberships may be initiated at any time during the term of your Parent Membership.

Associate Memberships must expire concurrently with the Parent Membership and are renewable only at the time of renewal of the Parent Membership.

**Complete information regarding
BCHC Membership is available on the
MEMBERSHIP pages at BCHCalifornia.org
or call (775) 463-3634**

KEEP FOR YOUR RECORDS

I submitted an Application Form for a new –

- | | |
|--|-----------|
| <input type="checkbox"/> Individual Membership | \$ 50.00 |
| <input type="checkbox"/> Family (Shared) Membership | \$ 60.00 |
| <input type="checkbox"/> Young Adult (18-25 years old) | \$ 15.00 |
| <input type="checkbox"/> 2 Year Individual | \$ 90.00 |
| <input type="checkbox"/> 2 Year Family | \$ 110.00 |
| <input type="checkbox"/> 3 Year Individual | \$ 125.00 |
| <input type="checkbox"/> 3 Year Family | \$ 150.00 |
| <input type="checkbox"/> Benefactor Membership | \$ 100.00 |
| <input type="checkbox"/> Patron Membership | \$ 250.00 |
| <input type="checkbox"/> Mt Whitney Membership | \$ 500.00 |

On that form, I also requested –

_____ Associate Memberships \$ _____

My Total Remittance: \$ _____

My Check Number: _____

Date Mailed: _____

Verification of BCHC membership is available via (1) BCHC unit president's reports (2) BCHC membership chair reports (3) a self addressed stamped envelope submitted with this form or (4) a valid email address.